

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90020 027 ****61.25

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1. Entity Name
**LAKE FERN PROFESSIONAL PARK OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**16630 N DALE MABRY HIGHWAY
TAMPA, FL 33618**

Mailing Address
**16630 N DALE MABRY HIGHWAY
TAMPA, FL 33618**

40049698



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0603498

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WESTFALL, JOHN
16630 N DALE MABRY HIGHWAY
TAMPA, FL 33618**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WESTFALL, JOHN W 16630 N DALE MABRY HIGHWAY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTFALL, CAROL 16630 N DALE MABRY HIGHWAY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, STEVEN L 13623 N FLORIDA AVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol A Westfall, Director 2/18/08 962-6544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CAROL A WESTFALL